

Case Number:	CM15-0200466		
Date Assigned:	10/15/2015	Date of Injury:	05/14/2013
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old male with a date of injury on 5-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain. Progress report dated 8-10-15 reports continued complaints of lower back pain and numbness in his legs. The pain is described as constant, mild to severe, burning, shooting, sharp, throbbing pain. He paid out of pocket for chiropractic treatment and decompression. Medications include Tramadol, mobic, gabapentin and Tylenol 3 and he states he tries to avoid taking medication at all cost. Objective findings: core strength is weak, lumbar range of motion is full with pain at end range and pain on knee extension, lumbar spine is tender, lower extremities have areas of dysesthesia and sensory changes in the bilateral thighs and legs. MRI of lumbar spine 11-25-14 shows multilevel congenital spinal stenosis. Treatments include: medications, physical therapy (20 sessions), chiropractic (11 sessions), injections and spinal decompression. Request for authorization was made for Epidural Steroid Injection at L4-L5 and L5-S1 mid-line. Utilization review dated 9-14-15 non-certified the request. A progress note dated 10/6/15 concerning denial was reviewed. Provider has not provided any new clinical information.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural steroid injection at L4-L5 and L5-S1 midline: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI for pain relief which is not an acceptable reason as per guideline. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. Meets criteria. 3) Patient had a reported LESI in the past. While provider states that the reason it failed was because it was done at a different level and different approach, provider has failed to give a rationale as to why the claimed midline approach will be more effective. Patient fails multiple criteria for lumbar epidural steroid injection. Just perform ESI which as risks involved for temporary pain relief is not appropriate. Lumbar epidural steroid injection is not medically necessary.